


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90032 023 ****61.25

DOCUMENT # N31324					
1. Entity Name TWIN PALMS HOME OWNERS ASSOC., INC.					
Principal Place of Business 301 N GALLOWAY RD LAKELAND, FL 33815 US			Mailing Address 682 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business - No P.O. Box # <i>43 Kelly Dr.</i>			3. Mailing Address		
Suite, Apt. #, etc. <i>Lakeland Fl.</i>			Suite, Apt. #, etc.		
City & State			City & State		
Zip <i>33815</i>		Country <i>Polk</i>		4. FEI Number 59-2939974	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLING, LEE JAY 529 VERSAILLES DRIVE MAITLAND, FL 32751				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL	
Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	PD Don Wood <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOLLY, NANCY			NAME	<i>2 Stephens Ave</i>
STREET ADDRESS	208 JAY STREET			STREET ADDRESS	<i>Lakeland Fl. 33815</i>
CITY-ST-ZIP	LAKELAND, FL 33815			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	D G Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, FRAN			NAME	<i>117 Boyd St.</i>
STREET ADDRESS	43 KELLY DR			STREET ADDRESS	<i>Lakeland Fl. 33815</i>
CITY-ST-ZIP	LAKELAND, FL 33815			CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	D Norman Tessier <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILDT, THOMAS			NAME	<i>116 Boyd St.</i>
STREET ADDRESS	99 BOYD ST			STREET ADDRESS	<i>Lakeland Fl.</i>
CITY-ST-ZIP	LAKELAND, FL 33815			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	D Fran Norris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRON, GIL			NAME	<i>134 Joyce Place</i>
STREET ADDRESS	97 BOYD STREET			STREET ADDRESS	<i>Lakeland Fl. 33815</i>
CITY-ST-ZIP	LAKELAND, FL 33815			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D Joan Taylor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICKEL, JACK			NAME	<i>39 Kelly Dr.</i>
STREET ADDRESS	56 KELLY DR			STREET ADDRESS	<i>Lakeland Fl. 33815</i>
CITY-ST-ZIP	LAKELAND, FL 33815			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	WEAVER, NANCY			NAME	
STREET ADDRESS	21 STEPHENS AVE			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33815			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>				Date: <i>Mar 17/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <i>863-682-3001</i>	

(FRAN M SMITH.)